Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Unite the Country 1200 Pennsylvania Ave NW ADDRESS (number and street) #4383 (Check if address is changed) Washington 20044 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS finance@unitethecountry.com (Check if address is changed) Optional Second E-Mail Address ibegun@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.unitethecountry.com (Check if address is changed) DATE 2020 C00701888 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Morris, Michael, , , Type or Print Name of Treasurer Morris, Michael, , , [Electronically Filed] 03 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	1 aye <b>2</b>
Cano	didate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		<u> </u>
Unite the Coun	try	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization	eadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	essession of committee
Brengarth Full Name	, Megan, , ,	
Mailing Address	PO Box 15845	
Mailing Address	c/o Mele Brengarth & Assoc. LLC	
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		443   -   4773
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Morris, Mid of Treasurer	chael, , ,	
Mailing Address	539 W Commerce St	
	#1630	
	Dallas TX 75208 CITY STATE	ZIP CODE
Title or Position Treasurer		443 - 4773

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Brengarth, Megan, , ,	
Mailing Address	PO Box 15845	
· ·	c/o Mele Brengarth & Assoc. LLC	
	Washington	20003
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	urer 617	443 4773
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funoxes or maintains funds.	ds, holds accounts, rents
Name of Bank, I		
	Amalgamated Bank	
Mailing Address	Amalgamated Bank 275 Seventh Ave	
Mailing Address		
Mailing Address	275 Seventh Ave	10003
Mailing Address	275 Seventh Ave	10003 ZIP CODE
Mailing Address  Name of Bank, I	275 Seventh Ave  New York  CITY  STATE	
	275 Seventh Ave  New York  CITY  STATE	
Name of Bank, I	275 Seventh Ave  New York  CITY  STATE  Depository, etc.	
	275 Seventh Ave  New York  CITY  STATE  Depository, etc.  Bank of America	
Name of Bank, I	275 Seventh Ave  New York  CITY  STATE  Depository, etc.  1800 K St NW  FI 4	
Name of Bank, I	275 Seventh Ave  New York  CITY  STATE  Depository, etc.  Bank of America  1800 K St NW  FI 4	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor aftery deposit boxes or main arms of Bank, Region	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, Region epository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.  S Bank	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, Region epository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.  S Bank	elephone Number	